



MEMBERSHIP FORM - FREE MEMBERSHIP UNTIL APRIL

NEW MEMBER RENEWING MEMBER

Student Membership (\$10) **Individual Membership (\$30)** **Family Membership (\$60)**

Title:

First Name:

Last Name:

Home Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Business Information:

Family Membership :

Note: Spouses apply as to children who are 17 and under and live at the primary address

Name Relationship

- 1.
- 2.
- 3.
- 4.

Please attach sheet if more names are required

Student Membership Information:

School:

Degree:

Payment:

Check Enclosed #: _____

Pay by PayPal:

Amount Paid:

Signature:

Date:

Please send or fax your completed membership form with your payment made payable to TACSRI:

P.O. Box 8904

Warwick, RI 02888

Tel: (401) 569-9226

E-mail: info@tacsri.org

Web Site: <http://www.tacsri.org>

You can also renew your membership online by using PayPal at www.tacsri.org, where you can pay using your credit card even without a PayPal account.

I would like to volunteer for TACSRI leadership and events, please contact me: Yes No

Comments/Suggestions:

For TACSRI Official Use Only

Date Received:

Processed:

Membership is valid for the year of 2010. Your membership fee is tax-deductible.

Thank you for your continued support of your community